



PART B - FEE(S) TRANSMITTAL

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20221 7500 08/27/2005

PFIZER INC.
PATENT DEPARTMENT, MS8260-1611
EASTERN POINT ROAD
GROTON, CT 06340

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Deanna Shields	(Recipient's name)
<i>Deanna Shields</i>	(Signature)
<i>AUGUST 25, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/761,340	01/23/2004	Timothy A. Hagen	PC25240A	7074

TITLE OF INVENTION: AZITHROMYCIN DOSAGE FORMS WITH REDUCED SIDE EFFECTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/22/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HAWES, PILI ASABI	1615	424-466000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- 1 Gregg C. Benson
2 B. Timothy Creagan
3 Lance Y. Liu

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pfizer Inc.

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Lance Y. LiuDate 08/25/05Typed or printed name Lance Y. LiuRegistration No. 45,379

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